

**Meal Plan Appeal/Exception Request Form** (updated 08/25/2016)

Name: \_\_\_\_\_ Student Id#: \_\_\_\_\_

Date: \_\_\_\_\_ Campus Address: \_\_\_\_\_

Contact Phone #: \_\_\_\_\_ Contact Email: \_\_\_\_\_

Current Year: FR S Jr Sr Grad Other

Meal Plan 1<sup>st</sup> Semester: \$\_\_\_\_\_ Meal Plan 2<sup>nd</sup> Semester: \$\_\_\_\_\_ Current Balance: \$\_\_\_\_\_

*\*\*\*STUDENT MEAL PLAN AMOUNTS AND TERMS WERE ACCEPTED AS PART OF THE ROOM AND BOARD AGREEMENT AND /OR PART OF THE MEAL PLAN SELECTION PROCESS. POST DEADLINE CHANGES ARE GENERALLY GRANTED ONLY IN EXTRAORDINARY CIRCUMSTANCES.*

Please specify what you are requesting (be specific): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Rationale for your request: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please provide detail of extenuating circumstances that differentiate you from other students: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If the rationale is medical/allergen based. Have you filed paperwork with wellness and disability services? YES / NO

If so when? (Date)\_\_\_\_\_ Did you meet with dining service management to discuss dining accommodations based on your medical condition if so when? (Date)\_\_\_\_\_

The above information is accurate to the best of my knowledge.

\_\_\_\_\_

Student Signature

Notes from review Meeting: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Daniel VanAvery, General Manager of Dining Services